BlueCross BlueShield of Texas

Medicaid (STAR) & CHIP Reference Guide

IMPORTANT NOTE: For all providers located in the Travis Service Area or contiguous counties, members enrolled in Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid (STAR) and CHIP reside in the Travis Service Area, which includes the counties of Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis and Williamson.

Plan Highlights

ELIGIBILITY

STAR: Members have an ID card from both the state and BCBSTX. Members must present their "Your Texas Benefits Medicaid Card" and their BCBSTX ID card.

CHIP and CHIP Perinate: Members do not have an ID card from the state, but do have a BCBSTX ID Card.

COST SHARING

STAR: $0 copays.

CHIP: Member copays are listed on their ID card and range from $0-$100. Once the cost sharing limit is reached, the member must call Maximus at 800-964-2777. A new ID card will be issued to show $0 copays.

CHIP Perinate Unborn and Newborns: $0 copays.

PCP ASSIGNMENT

Members select a PCP at enrollment and must see that PCP. A PCP will be auto assigned if they do not select one. PCP is listed on their ID card. PCPs must coordinate all care. PCP referral is required for most services by specialists or other providers.

PHARMACY GEOGRAPHIC ACCESS

Retail: Within 2 miles of member's home if an urban county; within 15 miles of member's home if non-urban; 24-Hour Pharmacy: within 75 miles of the member's home.

EMERGENCY PRESCRIPTIONS

72-hour emergency supply must be provided when a medication is needed without delay and prior authorization is not available within 24 hours.

PRESCRIPTION BENEFITS

FOR STAR ONLY: To locate an in-network pharmacy in the BCBSTX Medicaid (STAR) and CHIP network, visit the Provider Finder at **www.bcbstx.com/provider/network/medicaid.html**, Medicaid (STAR) and CHIP Provider Finder.

How to Check Benefits, Eligibility, Claims Status and Verification of PCP Assignment

Call the Customer Care Center for eligibility, claims, benefits, PCP assistance and Interpreter/Hearing Impaired Services. Have the NPI or TIN ready.

Providers: 888-292-4487
7 a.m. – 6 p.m. CST, M-F

ELIGIBILITY

Go to **www.availity.com**
(Registration required.)
Use the State's Automated Information System (AIS)
800-925-9126 (STAR only)
Call 24/7 Nurse Line after hours
877-351-8392
Go to the HHSC website:
www.YourTexasBenefitsCard.com
Use the State's Integrated Voice Response (IVR) or live operator at **800-252-8263**

CLAIMS STATUS

Go to **www.availity.com**
(Registration required.)

BCBSTX Interactive Voice Response (IVR) is available after hours and on holidays 24 hours a day, 7 days a week at

888-292-4487

For more information see page 5.

Claims and Correspondence

ELECTRONIC CLAIMS/EDI
(Preferred method.)
www.availity.com
Payer ID: 84980
Availity: 800-282-4548
EDI: 800-746-4614

MAIL PAPER CLAIMS TO:
Blue Cross and Blue Shield of Texas
P.O. Box 684787
Austin, TX 78768-4787

CORRESPONDENCE, COMPLAINTS & APPEALS
Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals
P.O. Box 684249
Austin, TX 78768

The Provider Dispute Resolution Request Form with instructions is located on the BCBSTX website:
www.bcbstx.com/provider/network/medicaid.html
Click on the tab for Providers then click "More" in the Medicaid (STAR) and CHIP box, then click on the tab for "Medicaid (STAR) and CHIP Forms".

Concurrent Reviews, Prior Authorizations and Referrals

PRIOR AUTHORIZATION PROCESS
Call Utilization Management at **855-879-7178** or
FAX: 855-879-7180
8a.m. – 5 p.m. CST, M-F

Please have this information when calling:
-Member name and Patient Control Number (Member ID number)
-ICD-9 diagnosis codes
-CPT/HCPCS procedure codes
-Date of injury/hospital admission and third party liability information (if applicable)
-Facility name (if applicable) and NPI number
-Specialist name or name of attending physician and NPI number
-Clinical data that supports the request

Concurrent Reviews
FAX 855-723-5102

Member Self-Referrals

SELF-REFERRALS

Members may self-refer to in-network providers for annual well-woman, prenatal /OB/GYN care and Behavioral Health (Magellan). May also self-refer for treatment of STDs, HIV testing and family planning.

To locate an in-network provider in the BCBSTX Medicaid (STAR) and CHIP network, visit the Provider Finder @ **www.bcbstx.com/provider/network/medicaid.html**, Medicaid (STAR) and CHIP Provider Finder.

Plan Highlights

Over The Counter Benefits (OTC) items are covered if included on the Formulary and require a prescription. **Copays**: CHIP members – see CHIP ID card. Note: CHIP Perinate Unborn children and CHIP Perinate Newborns have $0 copay.

Bill the following under medical benefits not pharmacy: Diabetic monitors/devices, office-based injectables and nutrition/enteral formulas. **Exclusions:** infertility, erectile dysfunction, cosmetic and hair growth products.

THSteps CHECKUPS
Part of Texas Health Steps, a new child health record for THSteps check-ups record form is available for each check-up for member five days old through 20 years.

TEXAS VACCINES FOR CHILDREN PROGRAM (TVFC):
BCBSTX will reimburse the administration fee only for any vaccine serum available through the TVFC program.

MEDICAL MANAGEMENT
Cases appropriate for Medical Management include:
-Medically complex patients with special healthcare needs (HIV/AIDS, transplants)
-Chronic long-term conditions (diabetes, asthma, hemophilia, sickle cell)
-Patients with frequent ER visits or hospital admissions
-High risk pregnancies

Coordination of Additional Services

All providers are responsible for making referrals and coordinating care for additional services, such as:

STAR
-Early Childhood Intervention (ECI) Case Management.
-Texas School Health and Related Services (SHARS)
-Dept. for Aging and Disability Svcs. (DADS)
-Women, Infant and Children (WIC)

CHIP
-Collaboration with public health entities/referrals for tuberculosis, HIV/STDs
-WIC

Laboratory & Radiology Services

Providers must use in-network laboratories. To locate an in-network laboratory in the BCBSTX Medicaid (STAR) and CHIP network, visit the Provider Finder at **www.bcbstx.com/provider/network/medicaid.html**, Medicaid (STAR) and CHIP Provider Finder.

Prior authorization is required for out-of-network labs and tests considered investigational.

Prior authorization is required for all PET/SPECT scans, CT, CTA, MRI, MRA and some other services. See "Services Requiring Prior Authorization" for additional information on services requiring prior authorizations. **www.bcbstx.com/provider/network/medicaid.html** Medicaid (STAR) and CHIP Prior Authorization Requirements.

After-Hours Care

Providers may call the 24/7 Nurse Line after hours to verify member eligibility
877-351-8392 24 hours a day, 7 days a week

AFTER-HOURS ACCESS

The PCP must have an after-hours system in place to help ensure that the member can reach his or her PCP or an on-call physician with medical concerns or questions.

After Hours/Holidays-Providers can use self service Interactive Voice Response (IVR) 24/7for eligibility and claim status at
888-292-4487

Pharmacy Administered by Express Scripts, Inc.

PROVIDER CUSTOMER SERVICE
STAR **866-294-1562**
CHIP **866-323-2088**

Formulary
View the Formulary at**:**
www.txvendordrug.com/formulary/formulary-search.asp

Get the Formulary for Smart Phones from
www.epocrates.com
PRIOR AUTHORIZATION
STAR: 866-533-7008
CHIP: 866-472-2095
FAX (both programs)
800-357-9577

Prior authorization is required for all non-preferred drugs on the Texas Medicaid Formulary. Requests will be addressed within 24 hours.

BIN 003858
PCN A4
Group# WFTA

e-Prescribing - Available through Surescripts® for providers to check eligibility, review medication history and review Formulary information.
Other resources:
www.txvendordrug.com
www.expressscripts.com

Dental and Vision Benefits

DENTAL SERVICES –

Denta Quest
STAR and CHIP
Mon.-Fri. 8 a.m. – 7 p.m. CST
Sat 8 a.m. – Noon CST
Provider Services
800-896-2374
www.dentaquest.com

Managed Care of North America (MCNA) Dental
8 a.m. – 4 p.m. CST M-F (excluding holidays)
STAR and CHIP
800-494-6262
www.mcna.net

Vision Services
Davis Vision
M-F: 7 a.m. – 10 p.m.
Sat.: 8 a.m. – 3 p.m.
Sun.: 11 a.m. – 3 p.m.
Provider services
800-77-DAVIS
(**800—773-2847**)
M-F: 7 a.m. – 10 p.m.
Sat.: 8 a.m. – 3 p.m.
Sun.: 11 a.m. – 3 p.m.
www.davisvision.com

Behavioral Health Services (Mental Health and Chemical Dependency)

Magellan Health Services (Magellan) coordinates all behavioral health (mental health & chemical dependency) services for STAR and CHIP members.

PCP referrals not required. Members can receive a referral to an in-network behavioral health provider by calling Magellan.

For prior authorization, benefits, eligibility or claims status or questions, contact Magellan: **800-327-7390** 24 hours a day, 7 days a week **www.magellanprovider.com**

Providers are responsible for filing claims. Submit claims to:

Magellan Health Services
Attn: Claims
P.O. Box 2154
Maryland Heights, MO 63043
To locate an in-network Behavioral Healt provider in the BCBSTX Medicaid (STAR) and CHIP network, visit the Provider Finder at **www.bcbstx.com/provider/network/medicaid.html,** Medicaid (STAR) and CHIP Provider Finder.

Texas Health Steps Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Services include:
-Periodicity Schedule
-Immunization for members <20 years of age
-Assessments and Check-ups
-Laboratory tests
-Missed appointment referrals.

THSteps Checkups Form **www.dshs.state.tx.us/thsteps/childhealthrecords.shtm.**

TEXAS VACCINES FOR CHILDREN
-Use administration procedure codes 90460 through 90474
-Must be billed on a separate line in box 24D of the CMS-1500 Form.

INITIAL HEALTH ASSESSMENTS
Use ICD-9 Diagnosis Codes
-V20.2 for children (newborn – 18 years)
-V70.0 for adults (19 years and older)

Complaints and Appeals

PROVIDER COMPLAINTS

Providers may submit complaints regarding operations of the plan. Include the following information:

-Provider's name
-Date of incident
-Description of incident

Submit complaints to:
Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
P.O. Box 684249
Austin, TX 78768

PROVIDER APPEALS
Providers can appeal BCBSTX's denial of a service or payment.

-Submit appeals within 120 calendar days from the receipt of the Remittance Advice or Notice of Action letter

-Provide any requested additional information within 21 calendar days

Medical Management

Providers, nurses, social workers and members or their representative will be able to refer members to Case Management by:

-Calling BCBSTX Case Management at: **855-879-7178**
8 a.m. – 5p.m. CST, M-F

-Faxing a completed Case Management Referral Form to: **866-333-4827**

Download the Case Management Referral form from **www.bcbstx.com/provider/network/medicaid.html**.

To obtain copies of Medical Policies, Clinical Practice Guidelines including Preventive Health Guidelines, visit **www.bcbstx.com/provider/network/medicaid/html,** Medicaid (STAR) and CHIP Medical Policies.

The Medical Director,

Jerald Zarin M.D. can be reached at **713-354-7222** or via email at **jerald_zarin@bcbstx.com**

Children of Migrant Farmworkers

Children of Migrant Farm Workers (CMFW) will be identified by the plan and assisted in receiving accelerated services prior to migration.

BCBSTX must identify its CMFW population and facilitate coordination of care under Texas Health Steps.
Please refer families to the **Community Resource Coordinator** at: **800-618-3084**.

We will help coordinate with Federally Qualified Health Centers in other states.

The Member Outreach form is located at **www.bcbstx.com/provider/network/medicaid.html**

Value Added Services

In addition to 24/7 Nurse Line, BCBSTX provides:

-Free Infant Car Safety Seat Program
-Pregnancy/Delivery and Newborn Care classes
-Breast Feeding Coaching w/ free breast pumps
-Dental Services for Adult Pregnant Women
-Enhanced eyewear for children
-Sports and camp physicals for children 18 and under
-Farmers market vouchers for pregnant moms
-In-Home Wellness Visits for Newborns & their Moms
-Non-emergency transportation services:

STAR: For STAR members when the state's Medical Transportation Program is not available. For CHIP when transportation to medical services or health promotion classes is not available: BCBSTX will arrange transportation. Note: This service is not provided to CHIP members by the state.

STAR MEDICAL TRANSPORTATION PROGRAM
Provided by Texas Health and Human Services (HHSC). STAR members can receive transportation assistance to/from a provider, dentist, hospital or drug store. Call **877-633-8747**, 8 a.m. – 5 p.m. CST, M-F

Additional Information

CLAIMS SUBMISSION

- All claims may be submitted on paper or electronically (Payor ID: 84980).
- Include provider name, legal name, National Provider Identifier (NPI)
- Bill with the Medicaid Patient Control Number (PCN) or Medicaid/CHIP ID number (Field 1a). The BCBSTX alpha administrative code (X) and the BlueCard alpha prefixes are not required, but will allow for more efficient processing. If you are utilizing the State portal only use the Medicaid/CHIP identification number. Alpha prefixes: STAR=ZGT, CHIP=ZGC, CHIP Perinate=ZGE. Examples: STAR=ZGTX Medicaid ID number, CHIP=ZGCX CHIP ID number, CHIP Perinate=ZGEX CHIP Perinate ID number.
- Paper claims must be submitted on the Standard CMS-1500 (08/05) or UB-04 claim form. Paper claim submission must include the administrative code "X" before the Medicaid ID number. Ex X123456789
- Clean Claims - All providers must submit complete claims.
- Timely Filing Limit - Claims must be submitted within 95 days of date of service. Claims submitted after 95 days from date of service will be denied.
- Claim Appeals - Appeal deadline is 120 calendar days from date of first denial on Remittance Advice.
- Balance Billing - Providers are prohibited from seeking payment from members.

Note: For more information, see Chapter 6, Claims and Billing, in the BCBSTX Medicaid (STAR) & CHIP Provider Manual online at **www.bcbstx.com/provider/network/medicaid.html.**

CLAIMS ASSISTANCE

- For help with claims submitted to Availity, other transactions available through Availity, information on electronic claims submission or other questions, please contact Availity Client Services at **800-AVAILITY**(**800-282-4548**).
- For information on electronic filing, access the website at **www.availity.com**or use the optional Texas Medicaid & Healthcare Partnership (TMHP) Managed Care Organization (MCO) claims portal for Medicaid STAR claims.
- Duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period.
- If services are rendered directly by the physician and other professional provider, the services may be billed by the physician and other professional provider. However, if the physician and other professional provider does not directly perform the service and the service is rendered by another provider, only the rendering provider can bill for those services. Note: This does not apply to services provided by an employee of a physician and other professional provider, e.g. Physician Assistant, Surgical Assistant, Advanced Practice Nurse, Clinical Nurse Specialist, Certified Nurse Midwife or Registered Nurse First Assistant who is under the direct supervision of the billing physician and other professional provider.

Note: Authorized out-of-network services within the service area will be reimbursed 95% of the Texas Medicaid Fee Schedule.

ELECTRONIC FUND TRANSFER AND ELECTRONIC REMITTANCE ADVICE

- BCBSTX allows the electronic fund transfer (EFT) option for claims payment transactions. This allows claims payments to be deposited directly into a previously selected bank account. You can enroll by calling EDI Services at 800-746-4614.
- Providers contracted with BCBSTX can choose to receive electronic remittance advices (ERAs) and will receive these advises through their clearinghouse. Enrollment is required. Providers can enroll by calling EDI Services at 800-746-4614.

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Additional Information (continued)

PROVIDER RECORD & NETWORK EFFECTIVE DATES

- A minimum of 30 days advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas:
- (1) Physical address (primary, secondary, tertiary); (2) Billing address; (3) NPI & Provider Record changes; (4) Moving from Group to Solo practice; (5) Moving from Solo to Group practice; (6) Moving from Group to Group practice; and (7) Backup/covering providers.
- New Provider Record effective dates will be established as of the date the completed application is received in the BCBSTX corporate office. This applies to all additions, changes and cancellations.
- BCBSTX will not add, change or cancel information related to the Provider Record on a retroactive basis. Retroactive Provider Record effective dates will not be issued.
- Delays in status change notifications will result in reduced benefits or non-payment of claims filed under the new Provider Record.
- If the provider files claims electronically and their Provider Record changes, the provider must contact the Availity Health Information Network at 800-AVAILITY (800-282-4548) to obtain a new EDI Agreement.

LOCAL NETWORK MANAGEMENT OFFICE FOR CREDENTIALING AND CONTRACTING:

Attention: Network Management
BCBSTX Medicaid (STAR) and CHIP Programs
9442 II Capital of Texas Highway North, Suite 500
Arboretum Plaza II
Austin, TX 78759
Phone: **512-349-4876** or **800-336-5696** (press 1, enter extension 44876)

ELIGIBILITY

- Member Information Changes - Must be reported to Texas HHSC at 877-541-7905 or **www.211texas.org/211**.
- Eligibility - Providers can access member eligibility information via Availity at **www.availity.com**, or by calling us at **888-292-4487**.
- Plan Changes - Members may contact Maximus at **800-964-2777** if they would like to change plans.
- PCP Changes - Members may request a PCP transfer by calling our Customer Care Center (CCC) at **888-292-4480**.
- PCP Rosters – PCP rosters of assigned members will be delivered by mail.

Note: A PCP can request a member reassignment to another PCP by completing and submitting the Provider Request for Member Deletion from PCP Assignment form located online at **www.bcbstx.com/provider/network/medicaid.html**.

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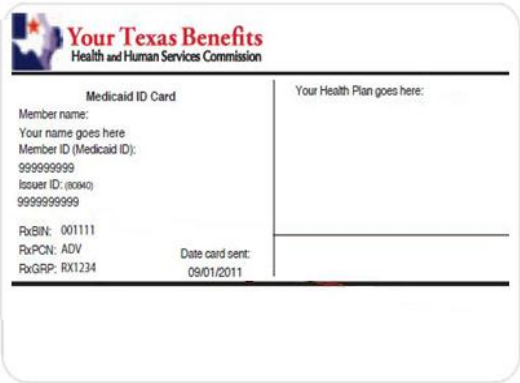
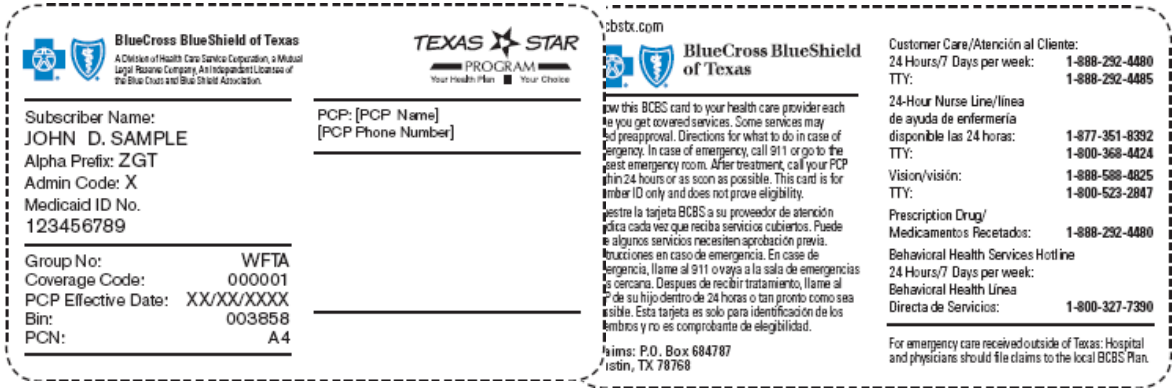
Additional Information (continued)

Sample ID Cards – STAR





Sample ID Card – CHIP

CHIP COPAYMENTS

Note: Copayments apply from $0 to $125 depending on the member's Federal Poverty Level (FPL) and type of service.

-Copayments are located on the member's ID card.

-Once the cost sharing limit is reached, the member must call Maximus.

-A new ID card will be issued to show that copayments no longer apply.

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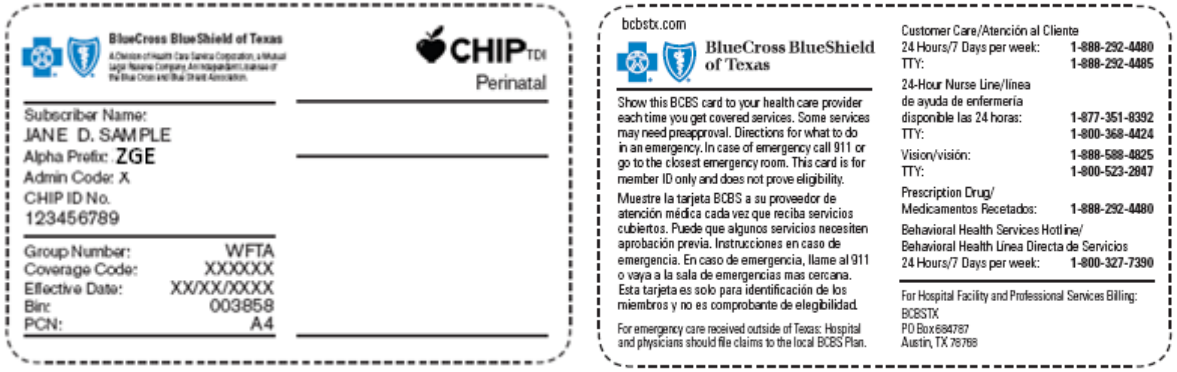
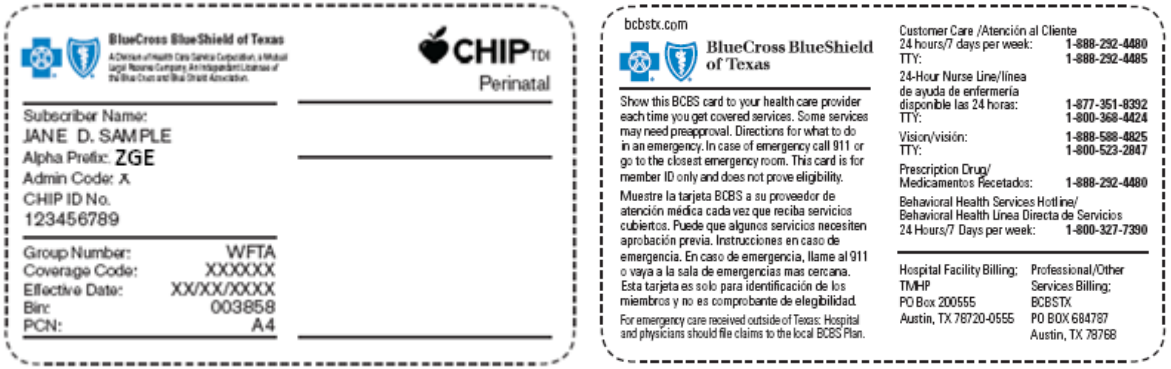
Sample ID Card - CHIP Perinate ID OVER 185% Federal Poverty Level (FPL)



Sample ID Cards – CHIP Perinate ID UNDER 185% Federal Poverty Level (FPL)



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Sample ID Cards – CHIP Perinate Newborn

Note: CHIP Perinate Newborn ID card will contain PCP name and phone number.

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UTILIZATION MANAGEMENT AND PRIOR AUTHORIZATION

- All out-of-network referrals (except emergency care and behavioral health), elective inpatient except labor and delivery, most durable medical equipment, home health, some outpatient surgeries or procedures that are cosmetic or investigational and some radiology services all PET/SPECT scans, CT, CTA, MRI, MRA and some other services).
- Prior authorization requests are reviewed for eligibility, appropriate level of care, benefit coverage and medical necessity. A list of services requiring prior authorization can be found in the BCBSTX Provider Manual and on the BCBSTX website under the Prior Authorization Toolkit under Clinical Review.

TRANSPORTATION

- STAR Medical Transportation Program: HHSC will pay for a bus ride or ride sharing service, pay a friend or relative by the mile, round trip, or provide gas money directly to the member, parent or guardian. HHSC may also pay for out-of-town services including lodging and meals for member and parent/guardian.

COMPLAINTS AND APPEALS

- An acknowledgement letter is sent within five business days of receipt of Provider's complaint.
- A resolution letter is sent within 30 calendar days of receipt of complaint.
- BCBSTX may request additional information. Providers are expected to comply with such requests within 10 days of request.
- Appeals will be resolved within 30 calendar days for standard appeals unless more time is needed, within 3 business days for STAR expedited appeals and within 1 working day for CHIP expedited appeals.
- To request an external review after an adverse decision after the initial appeal process, submit a written request to:
  BCBSTX, Attn: Complaints and Appeals Department, P.O. Box 684249, Austin, TX 78768.

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